

Case Number:	CM14-0204535		
Date Assigned:	12/16/2014	Date of Injury:	04/17/2007
Decision Date:	02/05/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year-old male , who sustained an injury on April 17, 2007. The mechanism of injury is not noted. Treatments have included: physical therapy, medications. The current diagnoses are: lumbar disc disease, cervical disc displacement, thoracalgia, lumbar disc disease, insomnia, anxiety. The stated purpose of the request for Robaxin 500mg #60 was for muscle spasms. The request for Robaxin 500mg #60 was denied on November 21, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Gabapentin 10%, Cyclobenzaprine 10%, 3 grams per jar was not noted. The request for Gabapentin 10%, Cyclobenzaprine 10%, 3 grams per jar was denied on November 21, 2014, citing a lack of documentation of guideline support. Per the report dated November 3, 2014, the treating physician noted complaints of pain to the head, back and radiation to both shoulders and both lower extremities, with numbness and tingling. Exam shows decreased cervical range of motion with tenderness, lumbar decreased range of motion with tenderness and hyperonicity, positive Kemp tests.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Robaxin 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Robaxin 500mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain to the head, back and radiation to both shoulders and both lower extremities, with numbness and tingling. The treating physician has documented decreased cervical range of motion with tenderness, lumbar decreased range of motion with tenderness and hyperonicity, positive Kemp tests. The treating physician has not documented intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Robaxin 500mg #60 is not medically necessary.

Gabapentin 10%, Cyclobenzaprine 10%, 3 grams per jar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Gabapentin 10%, Cyclobenzaprine 10%, 3 grams per jar, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain to the head, back and radiation to both shoulders and both lower extremities, with numbness and tingling. The treating physician has documented decreased cervical range of motion with tenderness, lumbar decreased range of motion with tenderness and hyperonicity, positive Kemp tests. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Gabapentin 10%, Cyclobenzaprine 10%, 3 grams per jar is not medically necessary.